

## CLAIMS ONLY

Application Number <i>10/821060</i>	Filing Date
Applicant(s)	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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49						
50						
Total Indep	3					
Total Depend	20					
Total Claims	23					

\* May be used for additional claims or amendments

51	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						